DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 1 — 0 1 0

2. STATE: WYOMING

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
OCTOBER 1, 2001

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.54

7. FEDERAL BUDGET IMPACT:
a. FFY 01 $ -0-
b. FFY 02 $ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATTACHMENT 4.18-A, P.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
SAME

10. SUBJECT OF AMENDMENT:
CHARGES IMPOSED ON THE CATEGORICALLY NEEDY FOR SERVICES OTHER THAN THOSE PROVIDED UNDER SECTION 1905 (A)(1) THROUGH (5) AND (7) OF THE ACT

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Iris Oleske
for Garry L. McKee, Ph.D., M.P.H.

13. TYPED NAME:
IRIS OLESKE

14. TITLE:
Director State Medicaid Agent

15. DATE SUBMITTED:

16. RETURN TO:
Iris Oleske
State Medicaid Agent
Wyoming Department of Health
Office of Medicaid
147 Hathaway Building
Cheyenne wy 82002

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
November 20, 2001

18. DATE APPROVED:
10/29/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Spencer K. Ericson

22. TITLE:
Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: unknown

FORM HCFA-179 (07-92)

Instructions on Back

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge: Deduct.	Coins.	Copay	Amount and Basis for Determination
PHARMACEUTICAL PRODUCTS		X		$2.00 per prescription
PRACTITIONER VISITS			X	$1.00 per office visit, home visit, eye examination or medical psych-therapy services $2.00 effective April 1, 1997
OUTPATIENT HOSPITAL VISITS		X		$3.00 per non-emergency outpatient clinic or emergency room visit
RURAL HEALTH CLINIC & FQHC		X		$2.00 per encounter

1) Copayment amounts were based on the average payment for these services and in accordance with 42 CFR 447.53, 447.54, 447.55. Exemptions for exclusion for cost sharing apply to: Recipients under the age of 21; pregnant women; institutionalized individuals; emergency services; family planning services and supplies; HMO enrollees; individuals who receive hospice care (as defined in section 1905 (o) of the Act).